

2006 SPRING/SUMMER REGISTRATION FORM

(Please Print All Information, Signature Required Below)

Program Name _____

Date of Session: _____ Time: _____ Amount of Sessions: _____

Participants Name: _____ Age: _____ Grade: _____

If participant is under age 18 please PRINT parent name: _____

Address _____ Town _____ ZipCode _____

Email: _____ @ _____ . _____

(note: email addresses will not be distributed-they are for class notifications)

Parent/Guardian (if registrant is under 18) _____

Telephone
(Home) _____ (Work) _____ (Emergency) _____

SPECIAL ACCOMMODATIONS: In order to enhance participation, please identify any special accommodations needed: _____

I agree to hold harmless the Town of Acton and/or its employees from claims or liability related to any accident that may occur. I give permission for medical treatment to be given if the need arises.

Signature of Class Participant or (Parent/Guardian if under age 18) Date
(Must be signed to participate)

Classes payable by cash or check- Checks payable to: *Town of Acton*

Please mail to or bring to: Town of Acton Recreation Department, 472 Main Street, Acton, MA 01720

Amount Enclosed: _____

Received by: _____

Date: _____

Check # _____ or Cash

Amount \$ _____